

# The Healthiest Next Generation Initiative

October 2015

**#HealthiestNextGen**

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October 2015

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For more information or additional copies of this report contact:

Washington State Department of Health  
Division of Prevention and Community Health  
Office of the Assistant Secretary  
Phone: 360-236-3766

John Wiesman, DrPH, MPH  
Secretary of Health

Ross Hunter  
Director, Department of Early Learning

Elizabeth "Bette" Hyde  
Director, Department of Early Learning (retired)

Randy Dorn  
State Superintendent, Office of Superintendent of Public Instruction

*Cover photos: Students from Ilalko Elementary's PE Everyday Class  
and Olympia High School's Freedom Farmers program*

*Photography by Tracy Wilking, [tracy.wilking@doh.wa.gov](mailto:tracy.wilking@doh.wa.gov)*

“

Research shows that, for the first time in our history, this generation is not expected to live as long as the previous generation.<sup>1</sup>

This should be unacceptable to us.

We need to make the next generation the healthiest generation in the history of our state.

”

—Governor Jay Inslee  
2014 State of the State Address

# Acknowledgements

The Department of Health is grateful for the resources and support to assist in one of our top priorities—creating the healthiest next generation. We especially thank Governor Jay Inslee, First Lady Trudi Inslee, Governor’s Office, Department of Early Learning, Office of Superintendent of Public Instruction, Governor’s Interagency Council on Health Disparities, members of the Community Health Advisory Committee, members of the Governor’s Council for the Healthiest Next Generation and other partners for their dedication to improving children’s health.

We also appreciate the hundreds of individuals and community organizations who shared their success stories with us. We consider those stories the heart of the Healthiest Next Generation Initiative and we hope you see yourselves in this work.

## Governor’s Council for the Healthiest Next Generation

**Honorable Jay Inslee**, Governor of Washington

**First Lady Trudi Inslee**

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**Marc Berejka**, Director, Government and Community Affairs, REI

**Brian Bonlender**, Director, Department of Commerce

**Antony Chiang**, President, Empire Health Foundation

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**Vic Colman**, Director, Childhood Obesity Prevention Coalition

**Nora Coronado**, Commissioner, Commission on Hispanic Affairs; Coordinator,  
University of Washington Latino Center for Health

**Ben Danielson**, Clinical Director, Odessa Brown Children’s Clinic

**Bret D. Daugherty**, Adjutant General, Washington Military Department

**Randy Dorn**, State Superintendent, Office of Superintendent of Public Instruction

**Lori Dunn**, Manager, PreK-12 Physical Education, Seattle Public Schools

**Ed Dzedzy**, Administrator, Lincoln County Health Department

**Erin Dzedzic**, Principal, Dzedzic Public Affairs

**Hugh Ewart**, Director, State and Federal Government Relations, Seattle Children’s

**Honorable Jessyn Farrell**, State Representative, Washington State Legislature

**Scott Forslund**, Director, Snohomish County Health Leadership Coalition;  
Executive Director, Providence Institute for Healthier Communities

**Amy Frasier**, President, Washington Academy of Nutrition and Dietetics

**Debra French**, Executive Director, Washington State Dairy Council

**Howard Frumkin**, Dean, School of Public Health, University of Washington

**Melanie Gillespie**, Executive Director, Foundation for Healthy Generations  
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**Danette Glassy**, Pediatrician, Washington Chapter, American Academy of Pediatrics  
**Kathryn Grandy**, Marketing Coordinator, Chelan Fresh Marketing  
**Honorable Paul Harris**, State Representative, Washington State Legislature  
**Carrie Hite**, President, Washington Recreation and Parks Association;  
Director, Edmonds Parks, Recreation, and Cultural Services  
**Kathryn Hobbs**, Executive Director, Washington State PTA  
**Katie Holmes**, Senior Vice President, Operations and Membership, Washington State Hospital Assn.  
**Ross Hunter**, Director, Department of Early Learning  
**Elizabeth “Bette” Hyde**, Director, Department of Early Learning (retired)  
**Paul Johns**, Director, Youth Football and Alumni Programs, Seattle Seahawks  
**Eric Johnson**, Executive Director, Washington Association of Counties  
**Mona Johnson**, Director, Student Support, Office of Superintendent of Public Instruction  
**Honorable Karen Keiser**, State Senator, Washington State Legislature  
**Stephen Kutz**, Chair, American Indian Health Commission  
**Steve Leahy**, Director, Mission Readiness, Washington State  
**Laurie Lippold**, Public Policy Director, Partners for Our Children  
**Robert Matthews**, General Manager, Integrated Marketing Devices and Studios, Microsoft  
**Emma Medicine White Crow**, Chair, Governor’s Interagency Council on Health Disparities  
**Ralph Morton**, Executive Director, Seattle Sports Commission  
**Sheri Nelson**, Director, Government Affairs, Association of Washington Business  
**Sara Osborne**, Director, Public and Government Affairs, Safeway Inc., NW Division  
**Lynn Ann Peterson**, Secretary, Department of Transportation  
**Kevin Quigley**, Secretary, Department of Social and Health Services  
**Honorable Marcus Riccelli**, State Representative, Washington State Legislature  
**Mac Riggan**, Vice President of Marketing, Chelan Fresh Marketing  
**Kirk Robinson**, Deputy Director, Department of Agriculture  
**David Schumacher**, Director, Office of Financial Management  
**Tom Seigel**, Superintendent, Bethel School District  
**Dorothy Teeter**, Director, Health Care Authority  
**Scott Washburn**, President and CEO, YMCA of Snohomish County  
**Matt Watrous**, Executive Director, Boys and Girls Club of Washington State  
**Sam Whiting**, President and CEO, Thrive Washington  
**John Wiesman**, Secretary, Department of Health

## **Community Health Advisory Committee**

**Theresa Adkinson**, Healthy Communities Manager, Grant County Health District  
**Kathryn Akeah**, Healthy Communities Program Manager, Department of Health  
**Sue Anderson**, Executive Director, Statewide Pioneering Healthier Communities,  
Washington State Alliance of YMCAs  
**Janna Bardi**, Acting Assistant Secretary, Prevention and Community Health, Department of Health  
**Sharon Beaudoin**, Chief Operating Officer, WithinReach  
**Preston Cody**, Health Care Services Division Director, Health Care Authority  
**Bill Cole**, Managing Director, Community Capital Facilities, Department of Commerce

**Vic Colman**, Director, Childhood Obesity Prevention Coalition  
**Ian Corbridge**, Policy Director, Clinical Issues, Washington State Hospital Association  
**Kathleen Davis**, Director, Local Programs, Department of Transportation  
**Kim Eads**, Program Manager, Department of Agriculture  
**Katie Eilers**, Assistant Director, Community Health, Kitsap County Health  
**Elaine Engle**, Director, Health Education and Promotion (retired), Spokane Regional Health District  
**Danette Glassy**, Pediatrician, Washington Chapter, American Academy of Pediatrics  
**Caitlin Hill**, Grant Coordinator, Southwest Healthy Living Collaborative  
**Lindsay Hovind**, Government Relations Director, American Heart Association, Washington  
**David Hudson**, Section Manager, Community-Based Prevention, Office of Healthy Communities, Department of Health  
**Nat Jackson**, Premier Wellness Coach, Wellness First  
**Mona Johnson**, Director, Student Support, Office of Superintendent of Public Instruction  
**Danielle Kenneweg**, Manager, Health Promotion and Communication Section, Prevention and Community Health, Office of the Assistant Secretary, Department of Health  
**Mary Looker**, Chief Executive Officer, Washington Association of Community and Migrant Health Centers  
**Sarah Lyman**, Senior Associate, Strategy and Operations, Empire Health Foundation  
**Jason McGill**, Health Policy Advisor, Governor's Office  
**Jo Montgomery**, Founder, School of Acrobatics and New Circus Arts  
**Lynn Nelson**, Administrator, Health and Student Support, Capital Region ESD 113  
**Jan Ward Olmstead**, Coordinator, Public Health Projects, American Indian Health Commission  
**Daisy Orr**, Organizational Performance, Development and Results Manager, Prevention and Community Health, Department of Health  
**Julie Peterson**, Senior Director of Policy, Foundation for Healthy Generations  
**Marguerite Ro**, Chief, Assessment, Policy Development and Evaluation, Public Health - Seattle & King County  
**Theresa Tamura**, Executive Director, Philanthropy and Community Engagement, Group Health Foundation  
**Crystal Tetrick**, Member, Community Health Leadership Committee; Member, Washington State Association of Local Public Health Officials  
**Shelley Wallace**, Health Promotion Coordinator, Tacoma-Pierce County Health Department  
**Alison Carl White**, Executive Director, Better Health Together  
**Greg Williamson**, Assistant Director, Partnerships and Collaboration, Department of Early Learning  
**Brady Woodbury**, Administrator, Asotin County Health District  
**Dennis Worsham**, Deputy Secretary for Public Health Operations, Department of Health

## **Governor's Interagency Council on Health Disparities**

**Sofia Aragon**, Executive Director, Washington Center for Nursing  
**Marietta Bobba**, Program Manager, Planning and Grants Development Manager, Department of Social and Health Services  
**Gail Brandt**, Health Equity Manager, Prevention and Community Health, Department of Health  
**Nora Coronado**, Commissioner, Commission on Hispanic Affairs  
**Vazaskia Crockrell**, Health Equity/CLAS Manager, Health Care Authority  
**Kim Eads**, Program Manager, Department of Agriculture  
**Willie Frank**, Nisqually Tribal Delegate, American Indian Health Commission

**Sara Franklin**, Commissioner, Commission on African American Affairs  
**Nova Gattman**, Legislative Liaison and Policy Analyst, Workforce Training and Education Coordinating Board  
**Mona Johnson**, Alternate Representative, Office of Superintendent of Public Instruction  
**Diane Klontz**, Assistant Director, Community Services and Housing Division, Department of Commerce  
**Stephen Kutz**, Tribal Representative, State Board of Health  
**Diana Lindner**, Alternate Representative, Commission on Hispanic Affairs  
**Frankie T. Manning**, Consumer Representative and Council Vice Chair  
**Emma Medicine White Crow**, Governor's Representative and Council Chair  
**Dan Newell**, Assistant Superintendent of Secondary Education and Student Support, Office of Superintendent of Public Instruction  
**Jan Ward Olmstead**, Alternate Representative, American Indian Health Commission  
**Millie Piazza**, Environmental Justice Coordinator, Department of Ecology  
**John Ridgway**, Alternate Representative, Department of Ecology  
**Gwendolyn Shepherd**, Consumer Representative  
**Greg Williamson**, Assistant Director, Partnerships and Collaboration, Department of Early Learning

## **Advisors:**

### **Governor's Interagency Council on Health Disparities**

**Melanie Anderson**, Contracts Administrator, Health Care Authority  
**Sofia Aragon**, Executive Director, Washington Center for Nursing  
**Laura Flores Cantrell**, Senior Program Officer, Washington Dental Service Foundation  
**Nora Coronado**, Commissioner, Commission on Hispanic Affairs  
**Adrian Dominguez**, Epidemiologist II, Spokane Regional Health District; Adjunct Professor, Eastern Washington University  
**Sara Franklin**, Commissioner, Commission on African American Affairs  
**Chris Genese**, Seattle Campaigns Director, Washington Community Action Network  
**Michael Itti**, Executive Director, Commission on Asian Pacific American Affairs  
**Eli Kern**, Epidemiologist II, Public Health - Seattle & King County  
**Diane Klontz**, Assistant Director, Community Services and Housing Division, Department of Commerce  
**Jan Ward Olmstead**, Coordinator, Public Health Projects, American Indian Health Commission  
**Millie Piazza**, Environmental Justice Coordinator, Department of Ecology  
**Joana Ramos**, Board Co-Chair, Washington State Coalition for Language Access  
**Genya Shimkin**, Founder, The Q Card: Empowering Queer Youth in Healthcare  
**Matias Valenzuela**, Director, Office of Equity and Social Justice, King County Executive  
**Heather Villanueva**, Senior Community Strength Organizer, SEIU 775  
**Leslie Walker**, MD, Division Chief, Adolescent Medicine, Seattle Children's

## **Equity Review Group:**

### **Governor's Interagency Council on Health Disparities**

**Sofia Aragon**, Executive Director, Washington Center for Nursing  
**Gail Brandt**, Health Equity Manager, Prevention and Community Health, Department of Health  
**Kameka Brown**, Former Member, Commission on African American Affairs

**Nora Coronado**, Member, Commission on Hispanic Affairs  
**James Krieger**, Chief, Chronic Disease & Injury Prevention, Public Health - Seattle & King County  
**Stephen Kutz**, Chair, American Indian Health Commission  
**Devon Love**, Project Director, Center for MultiCultural Health  
**Frankie Manning**, Vice Chair, Governor's Interagency Council on Health Disparities  
**Emma Medicine White Crow**, Chair, Governor's Interagency Council on Health Disparities  
**Jason A. Mendoza**, Associate Professor of Pediatrics, University of Washington;  
Investigator, Seattle Children's Research Institute  
**Susan Millender**, Executive Director, Guided Pathways-Support for Youth and Families  
**Martin Sanchez**, Community Health Coordinator, Yakima Valley Memorial Hospital  
**Celeste Schoenthaler**, Healthy Eating & Active Living Program Manager,  
Public Health - Seattle & King County  
**Gwendolyn Shepherd**, Member, Governor's Interagency Council on Health Disparities  
**Tyati Tufono**, 1st Vice Chair, Commission on Asian Pacific American Affairs

## Staff

**Dan Alexanian**, Acting Deputy Assistant Secretary, Prevention and Community Health,  
Department of Health  
**Janna Bardi**, Acting Assistant Secretary, Prevention and Community Health, Department of Health  
**Drew Bouton**, Director of Policy, Legislative and Constituent Relations, Department of Health  
**Gail Brandt**, Health Equity Manager, Prevention and Community Health, Department of Health  
**Karyn Brownson**, State Suicide Prevention Plan Project Manager, Health Systems Quality Assurance,  
Department of Health  
**Adrienne Dorf**, Healthiest Next Generation Program Manager, Department of Early Learning  
**Amy Ellings**, Healthy Eating Active Living Program Manager, Department of Health  
**Lindsay Herendeen**, Health Services Consultant, Office of Environmental Public Health Sciences,  
Department of Health  
**Christy Curwick Hoff**, Health Policy Advisor, Governor's Interagency Council on Health Disparities  
**Bridget Igoe**, Nutrition Coordinator, Prevention and Community Health, Department of Health  
**Mona Johnson**, Director, Student Support, Office of Superintendent of Public Instruction  
**Stephanie Liden**, Communications Manager, Department of Early Learning  
**Allene Mares**, Director, Center for Public Affairs, Department of Health  
**Jason McGill**, Health Policy Advisor, Governor's Office  
**Daisye Orr**, Organizational Performance, Development and Results Manager, Prevention and Community  
Health, Department of Health  
**Sally Porter**, Graphic Designer, Prevention and Community Health, Department of Health  
**Lisa Rakoz**, Healthiest Next Generation Program Supervisor, Office of Superintendent of Public Instruction  
**Sierra Rotakhina**, Health Policy Analyst, Governor's Interagency Council on Health Disparities  
**Tracy Wilking**, Healthiest Next Generation Coordinator, Department of Health  
**Greg Williamson**, Assistant Director, Partnerships and Collaboration, Department of Early Learning  
**Dennis Worsham**, Deputy Secretary for Public Health Operations, Department of Health

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[Appendix F: Office of Superintendent of Public Instruction \(OSPI\) Healthiest Next Generation Toolbox](#)

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[Appendix J: Governor’s Interagency Council on Health Disparities \(see page 34\)](#)

## A Call to Action

If we want the next generation to be the healthiest ever, we must take vigorous action now. The Healthiest Next Generation (HNG) Initiative is an opportunity to act on what we know works—to support families in helping their children grow up healthy and create systems in Washington that serve all children equitably.

The initial goal of the Healthiest Next Generation Initiative was to help Washington’s children maintain a healthy weight, enjoy active lives and eat well by creating healthy early learning settings, schools and communities. The initiative was the product of partners in communities across Washington, with the support and leadership of Governor Jay Inslee and First Lady Trudi Inslee and the Washington State Legislature, the departments of Health and Early Learning and Office of Superintendent of Public Instruction.

Based on [successes in our first year](#), we were encouraged by partners to expand the Healthiest Next Generation Initiative as a vehicle to improve other areas of children’s health in early learning settings, schools and communities. These are the primary places where children spend their time outside of the home and whose practices can either reinforce or inhibit the work of families and caregivers to keep children safe and healthy. Approaching these settings in a comprehensive way when it comes to health (as many communities in Washington already do) is efficient, provides optimal benefits to our children and can have additional positive impacts, such as protecting the environment.

The Healthiest Next Generation Initiative is inspired by communities that have already made improvements to support their children. Now is our opportunity to make those improvements statewide.

Creating the healthiest next generation is within our reach if we:

- Implement the state recommendations to improve healthy weight identified and prioritized by the Governor’s Council for the Healthiest Next Generation ([see page 3](#)).
- Sustain the practice of improving children’s health in all environments by dedicating ongoing funding for Healthiest Next Generation coordinators at the departments of Health (DOH) and Early Learning (DEL) and Office of Superintendent of Public Instruction (OSPI).

A five percent drop in body mass index in Washington State could potentially save \$5 billion in healthcare costs in 10 years and \$14 billion in 20 years.<sup>2</sup>

- Act on other improvements needed in children’s health:
  - Implement recommendations to prevent youth tobacco use and exposure ([see page 5](#)).
  - Align substance use prevention work and funding related to youth risk behaviors for tobacco and marijuana (such as the use of vaping devices) and alcohol.
  - Reduce barriers to ensure children get all recommended immunizations at the right time.
  - Prevent youth suicide risk upstream by adopting recommendations under Goal 5 of the State Suicide Prevention Plan: *Integrate social and emotional health education into early learning programs, community programs and K-12 schools.*
  - Address any other comprehensive health issues identified in early learning settings, schools and communities.

## Updated Recommendations from the Governor’s Council

On September 18, 2014, Governor Inslee convened the first meeting of the Governor’s Council for the Healthiest Next Generation. This group of business and community leaders, representatives of the healthcare community, legislators, state agencies, tribal governments and local public health discussed their top priorities for improving children’s health and prioritized a set of recommendations.

The Governor’s Council for the Healthiest Next Generation met for the second time on July 23, 2015 to review progress made toward the original recommendations (from September 2014) and to consider new priorities. The original recommendations, along with noted achievements are featured in [Appendix D](#).

Reducing health disparities is an important aspect of the Healthiest Next Generation Initiative. Therefore, support and funding of these recommendations should include stipulations to prioritize low-income settings or those areas with the poorest health outcomes.

The following are the updated 2015–2016 recommendations:

## EARLY LEARNING SETTINGS

- Provide greater health outreach and support on breastfeeding, nutrition, physical activity and screen time to providers of informal child care (Family, Friend and Neighbor Care).<sup>2a</sup> In addition, using an equity lens, provide outreach to other community based programs, such as libraries, play and learn groups, museums and parent support groups.
- Partner with local public health and community health organizations in high need communities to:
  - conduct limited health and developmental screenings in child care and preschool settings;
  - assure that children have medical/dental providers for ongoing preventive care.
- DEL supports consultation to child care providers caring for infants and toddlers in order to improve the quality of program practices. DEL will expand the current Infant/Toddler Consultation<sup>3</sup> to include activities that support breastfeeding, nutrition, physical activity and screen time.
- Work towards integrating national *Caring for Our Children*<sup>4</sup> standards, including those on breastfeeding, nutrition, physical activity and screen time into DEL aligned program standards under the alignment work being done as part of the [Early Start Act of 2015](#).
- Increase the number and quality of comprehensive health trainings, as well as specific trainings on breastfeeding, nutrition, physical activity and screen time offered through Early Achievers.<sup>5</sup>

## SCHOOLS

- Sustain and expand [Healthy Kids–Healthy Schools Grants](#); funding to make changes to the school environment so children eat healthier, choose water and have more opportunities for physical activity. Grants can be used for improvements such as school kitchen equipment, kitchen remodeling, garden-related structures, greenhouses, water bottle filling stations, playground and other physical education equipment. Support schools to equitably engage in current grant process.

- Encourage schools to implement a minimum of 30 minutes of active daily recess. Encourage recess before lunch.
- Feed all children well by increasing voluntary participation in breakfast programs such as *Breakfast After the Bell*,<sup>6</sup> eliminating the co-pay for school lunch in grades 4-12 and supporting the Summer Food Service Program (expand to include after-school programs).
- Promote and support school districts to adopt and/or revise health and physical education curriculum aligned to the new K-12 Washington State Health and Physical Education<sup>7</sup> Learning Standards.
- Support and encourage schools to increase year-round fresh fruit, vegetables and healthy food by offering more fruits, vegetables and minimally-processed foods, by sustaining and expanding Farm to School at Department of Agriculture and by expanding *Backpacks for Kids*.
- Support the *Governor's Blue Ribbon Task Force on Parks and Outdoor Recreation* by promoting outdoor recreation in schools.

## COMMUNITIES

- Increase access to fruits and vegetables and other healthy foods by promoting participation in Washington's Supplemental Nutrition Assistance Program (SNAP/Basic Food/food stamps) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), while supporting efforts that make high-quality healthy foods more affordable, accessible and convenient for program clients and all families in Washington.
- Integrate health equity into Washington State Department of Transportation (WSDOT)'s overall agency plan. Particularly focus on health equity when planning, investing in and implementing comprehensive *Safe Routes to School*<sup>8</sup> programs and Complete Streets<sup>9</sup> and Active Transportation projects.
- Encourage breastfeeding by fully implementing *Breastfeeding Friendly Washington* in hospitals, early learning settings, worksites and clinics; funding Medicaid to reimburse for breastfeeding education and lactation counseling; and assuring breastfeeding support is defined and covered by insurance.

- Implement Healthy Communities<sup>10</sup> programs statewide.
- Fund the Youth Athletic Facilities grant program which provides grants to nonprofits and local municipalities to support indoor and outdoor youth athletic facilities (including playground equipment and outdoor fitness zones).
- Invest in local and state parks to help ensure families and children can enjoy the outdoors.

### **RECOMMENDATIONS FOR TOBACCO USE PREVENTION IN YOUTH**

The following policy recommendations were not officially discussed at the Governor’s Council meeting; however, many council members raised these issues as important to creating the healthiest next generation because they will help reduce access to and use of harmful products:

- Fund a comprehensive tobacco prevention program, that includes e-cigarette and vapor product prevention.
- Increase regulation on vaping devices to match regulation on tobacco products.
- Raise the age for purchase and use of tobacco and vaping products to 21.



Community School of West Seattle

## Update on Proviso Activities

**Overview:** July 1, 2014 to June 30, 2015

See [Appendix A](#) for the text from Engrossed Substitute Senate Bill 6002, Section 219. A detailed update on proviso activities follows on [page 40](#).

Item	Status	Expected Impact
Expansion of programs across Washington that have demonstrated success in increasing physical activity, access to healthy food and drinking water.	Identification complete	Statewide implementation of recommendations that can improve health of all children.
Provide toolkits and mentoring for early learning and school professionals to encourage children to be active, eat healthy food and have access to drinking water.	Toolkits identified; mentoring ongoing	Resources and mentoring will be available to the staff in 295 school districts and to over 6,000 child care programs.
Enhance performance standards for the Early Childhood Education and Assistance Program (ECEAP).	ECEAP contract language enhanced as of July 2015	Increase the healthy eating and physical activity of over 8,300 children.
Revise statewide guidelines for quality health and fitness education in schools.	Revision complete	Potential increase in the health of over 1 million students annually.
Establish performance metrics.	Complete	Ability to measure progress toward goal of creating healthiest next generation.

## Leveraging the Proviso: Creating the Initiative

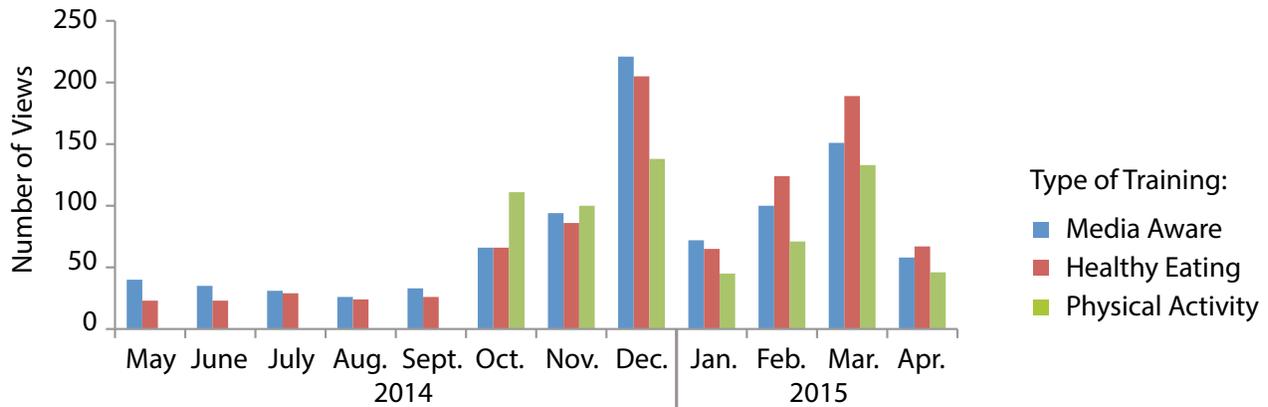
In addition to the outlined activities in the proviso, the following work was accomplished under the umbrella of the Healthiest Next Generation Initiative between July 1, 2014 and June 30, 2015. This work was carried out by staff members at DOH, DEL, OSPI and other state agencies in collaboration with community partners. It was supported by proviso funding (for HNG coordinators at DOH, DEL and OSPI), in-kind resources and federal funding from the Centers for Disease Control and Prevention (CDC) and the United States Department of Agriculture (USDA).

### EARLY LEARNING SETTINGS

- DEL *Child Care Basics* curriculum revised to include content on the national best practice standards for healthy eating, infant feeding, physical activity and screen time reduction. This is the curricula approved by the Washington State Training Registry System (STARS) as the initial professional development training for all new child care center directors, supervisors and lead teachers and all family home child care providers and must be completed within 6 months of employment. A re-launch of the curriculum is scheduled to happen before the end of 2015.
- DEL and Child Care Aware of Washington are developing a proposal to fund the creation of Professional Learning Communities in two regions of Washington State to focus on improving the quality of care in licensed early learning centers with respect to nutrition, physical activity, screen time reduction and breastfeeding support. This project will be modeled on the National Early Care and Education Learning Collaborative (ECELC), a five-year, CDC-funded effort, implemented by Nemours, a nationally-recognized leader in children's health care and their partners. The project is an intervention aligned with Preventing Childhood Obesity in Early Care and Education Programs,<sup>11</sup> selected standards from *Caring for Our Children* (3rd ed.)<sup>12</sup> and the goals of [Let's Move! Child Care](#) (LMCC).
- DEL and Washington Dental Service Foundation are partnering to create and distribute kits to early learning programs to promote consumption of tap water rather than sugar-sweetened beverages or juice. Exploring distribution options.

- In partnership with other state and local agencies and organizations, including DOH, DEL prepared an overview document to assist in preparing for responses to the USDA's open comment period for proposed rule changes for the [Child and Adult Care Food Program \(CACFP\)](#). Document compared: current CACFP program standards, best practice standards and proposed CACFP changes. DEL submitted comments to the USDA in support of the changes and provided suggested improvements to the proposed revisions. Because child care regulations and ECEAP Performance Standards in Washington State require programs to follow CACFP guidelines, this rule revision will have a significant impact on the healthfulness of foods served in early learning settings.
- DEL, DOH and OSPI are working with Public Health–Seattle & King County to engage a major retailer in ongoing conversations about ways to make it easier for child care providers to select and buy food and beverages that would meet and exceed the proposed USDA CACFP guidelines. Planning to hold several focus groups with early learning professionals to inform conversations.
- DEL and Thrive Washington, the merged organization of Thrive by Five Washington and the Foundation for Early Learning, are partnering to begin conversations with the Health Care Authority (HCA) to explore potential partnerships between Thrive Washington's Early Learning Regional Coalitions and the HCA's Accountable Communities of Health, part of the Healthier Washington initiative which will bring multiple sectors together to work on shared health goals within designated regions. The goal of this partnership is to develop shared priorities and strategies for promoting and improving the health of young children in early learning settings and in communities throughout the state.
- Developed success story: [Camas Early Learning Center](#)
- Increased use of University of Washington Center for Public Health Nutrition's STARS accredited (online) trainings (Media Aware, Healthy Eating, Physical Activity) based on launch of DEL's Healthiest Next Generation Toolbox.

- **September/October:** Trainings added to Public Health–Seattle & King County website.
- **December:** Early learning professionals must complete STARS classes by December 31 each year.



- **March:** Launch of DEL’s Healthiest Next Generation Toolbox with inclusion of trainings.

## SCHOOLS

- OSPI staff began promoting [Let’s Move! Active School](#) in October 2014 and by the end of May 2015, there were 1,450 schools registered as a Let’s Move! Active School from 109 school districts in Washington State. Before OSPI began promoting, 334 schools were registered, resulting in an increase of 1,116 schools! There are 295 school districts which encompasses over 2,300 schools in Washington State.
- OSPI staff attended the *Comprehensive School Physical Activity Program (CSPAP) Training-of-Trainers* at Society of Health and Physical Educators (SHAPE) America in August 2014. Training was utilized through several professional development opportunities during 2014–2015 school year.
- Developed success stories on:
  - [Mount Vernon School District](#)’s student transportation program,
  - [Highline Public School](#)’s alternative breakfast programs, and
  - [Tumwater School District](#)’s expanded and improved physical education program.

- OSPI staff presented an overview of the Healthiest Next Generation Initiative at OSPI's Student Support Conference to school nurses, administrators, teachers and support staff on May 14, 2015 in Wenatchee.

## COMMUNITIES

- DOH and over 60 multi-sector public and private partners were awarded a \$5.86 million highly-competitive USDA grant to promote the purchase of fruits and vegetables by Supplemental Nutrition Assistance Program (SNAP/Basic Food/food stamps) recipients through supermarkets, farmers markets and health systems. The project period is 2015-2019.
- DOH partnered with the Washington State Hospital Association to launch [Breastfeeding Friendly Washington Hospitals](#), a voluntary recognition program to recognize the time, effort and cost hospitals have dedicated to the importance of breastfeeding.
- DOH collaborated with the Department of Transportation to create an [issue brief](#) on the safety, health and environmental impacts of the Safe Routes to School Program.
- Developed success story: [Confluence Health](#)

## Agency Communications

- Healthiest Next Generation webpages are now available from the [Department of Health](#), [Department of Early Learning](#) and [Office of Superintendent of Public Instruction](#).
- Agencies and partners are continuing to post on Twitter through hashtag #HealthiestNextGen.

## Media Coverage

- [Closing the Broccoli Gap](#) (*The New York Times*, June 5, 2015)
- [Nutrition wins with new \\$5.86 million grant for SNAP participants in WA](#) (DOH, April 2, 2015)

- [Healthiest Next Generation Program Tackles Child Health](#) (NPHIC, February 2015)
- [Rise of Bike Trains a Win for Children’s Health, Environment](#) (Huffington Post, December 22, 2014)
- [Childhood obesity prevention: Let’s all help Washington kids to get moving!](#) (DOH, October 7, 2014)
- [Gov. Inslee launches Healthiest Next Generation Initiative to reduce childhood obesity](#) (GOV, September 18, 2014)
- [Drop in youth obesity epidemic tied to public health investments](#) (DOH, February 20, 2014)

### **Community Engagement**

- A thank you letter went to all success story submitters from Governor Jay Inslee, Secretary John Wiesman (DOH), State Superintendent Randy Dorn (OSPI) and Director Elizabeth “Bette” Hyde (DEL).
- An update on the initiative was sent to all success story submitters with links to communication materials in February 2015.
- Secretary Wiesman and Director Hyde celebrated the return of local fruits and vegetables by opening the [Port Townsend Farmers Market](#) (April 4, 2015).
- First Lady Trudi Inslee, Secretary Wiesman and Director Hyde [promoted healthy early settings](#) while visiting West Olympia’s Sound to Harbor Head Start/Early Childhood Education and Assistance Program (ECEAP) (April 16, 2015).
- Department of Transportation Secretary Lynn Peterson was joined by Deputy Secretary for Public Health Operations Dennis Worsham and several dozen students from Pioneer Elementary in Olympia for [National Bike to School Day](#) (May 6, 2015).



## Heart of Healthiest Next Generation Initiative

During summer 2014, we invited early learning settings, schools and communities in Washington to tell us about efforts to support breastfeeding and to help children enjoy active lives and eat well.

We received over 200 stories about what is working in local communities. These stories became the foundation for the statewide recommendations and, in essence, the heart of the Healthiest Next Generation Initiative.

Thank you to the agencies and organizations that responded and gave us permission to recognize them in this report.

Those who responded only represent a portion of the great work being done across the state to create the healthiest next generation. Join us at hashtag #HealthiestNextGen to share what you are doing.



## Early Learning Settings

Camas Early Learning Center • Central Christian Childcare • Community School of West Seattle  
Green Lake Preschool • Seattle Children's Research Initiative • The Shyne School •  
Skagit/Island Head Start • SNAP-Ed Island County • University of Washington School of Medicine •  
Washington Chapter of the American Academy of Pediatrics • YMCA of the Inland Northwest



## Schools

Apollo Elementary School • Auburn High School • Bellingham Public Schools • Bethel School District  
Black Hills High School • Blaine Elementary School • Bremerton School District •  
Broadview Thomson K-8 School • Carbonado Historical School District • Cascade Christian Academy •  
Cheney Public Schools • Chief Kanim Middle School • Cle Elum-Roslyn School District  
Columbia Valley Garden Elementary School • Concrete Elementary School •  
Cottonwood Elementary • Decatur High School • Eatonville School District • Edmonds School District  
Ellensburg Christian School • Epiphany School • Everett Public Schools • Evergreen Public Schools  
(Clark) • First Place • Freeman School District • Griffin School District • Hamilton Elementary School  
Heritage High School • Highline Public Schools • Ilalko Elementary School • The Island School  
Jefferson Elementary School • Kent School District • Lafayette Elementary School • Lake Grove  
Elementary School • Langley Middle School • Larson Heights Elementary School • LaVenture  
Middle School • Lower Columbia School Gardens • Mark Morris High School • Mount Erie  
Elementary School • Mount Vernon School District • Olympia High School's Freedom Farmers •  
Omak School District • Orcas Island Farm to Cafeteria Program • Park Orchard Elementary School  
Pioneer Elementary • Prairie High School • Roosevelt Elementary School • Seattle Public Schools  
St. George School • Steilacoom High School • Stillpoint School • Summit School • Tahoma High  
School • Tahoma Junior High School • Three Cedars Waldorf School • Todd Beamer High School  
Toppenish High School • Tumwater School District • Walla Walla Public Schools



**Communities**

American Heart Association • Asia Pacific Cultural Center • Austin Foundation • Beecher’s Pure Food Kids Foundation • Bike Clark County • Cascade Bicycle Club • Christ Lutheran Latchkey • City of Des Moines • City of White Salmon • Clallam County Health & Human Services WIC Nutrition Support • Clark County Public Health • Committee for Children • Empire Health Foundation • Family Education and Support Services • Food Access Coalition for Kittitas County • Got Green • Grays Harbor County Breastfeeding Coalition • Group Health • Healthy Living Collaborative of Southwest Washington • Hidden Creek Community Church • Jefferson County Public Health/WIC • Jefferson County YMCA • Kitsap Public Health District • Klickitat County Health Department • Lincoln County Health Department • Lummi Nation • Lummi CEDAR Project • Matt Griffin YMCA • MultiCare Health System/Mary Bridge Children’s Hospital • Public Health-Seattle & King County • Providence Mount Carmel Hospital • Safe Routes to School Working Group of White Salmon • Salishan Community Health Advocates • School’s Out Washington (SOWA) • Seattle Children’s Hospital • Seattle Indian Health Board • Snohomish County Health Leadership Coalition • South Sound Breastfeeding Network • Spokane Regional Health District • St. Joseph Medical Center • Tacoma-Pierce County Health Department • Thurston County Safe Kids • University of Washington School of Nursing • Washington State Alliance of YMCAs • Whatcom Council of Governments • Whatcom County Health Department • Whidbey Island Nourishes (WIN) • Yakima Pediatric Association • Yakima Valley Memorial Hospital • YMCA of Greater Seattle • YMCA of Snohomish County • YMCA at Washington State University

# The Opportunity

**The Healthiest Next Generation Initiative is an opportunity for community organizations, businesses, state and local agencies and other partners to collaborate under a common vision to improve the health of children.**

In the beginning, the goal of the Healthiest Next Generation was to improve healthy weight in children. However, it has become clear from our successes and through conversations with partners that this goal needs to expand to include more aspects of children's health.

Many early learning settings, schools and communities across the state integrate health into their environments, policies and practices. However, these changes are occurring only in pockets, often as a result of a grant or a local champion, and disparities persist.

Investing in children's health has positive impacts beyond the child; it is good for the economy, local infrastructure and our future workforce.

For example:

- Serving more fruits and vegetables in early learning settings and schools may also support local agricultural business.
- Improvements that support walking and biking to school can result in enhancements to school grounds, sidewalks and streets. These changes may also decrease pedestrian and bicycle fatalities, reduce school transportation costs, improve traffic and mitigate climate change. [See Appendix H.](#)
- The right immunizations at the right time not only protect children from getting serious illnesses, but adults too. Community (or herd) immunity protects everyone, but it only works when most people in the community have immunity to the disease, either by having had the disease or getting vaccinated.
- Preventing youth tobacco use and exposure to secondhand smoke protects our future workforce and saves in healthcare costs. Tobacco use and exposure results in over 8,300 deaths and \$2.8 billion in healthcare costs annually in Washington State.<sup>13</sup>

**VISION:**  
Make our next generation the healthiest ever.

- Creating safe, stable and nurturing relationships and environments may help prevent the devastation of youth suicide. Positive school experiences and family support are shown to protect against suicide attempts.<sup>14</sup> In 2014, 13 percent of 8th graders and 15 percent of 10th graders reported no adults to turn to when sad or hopeless.<sup>15</sup>



Olympia High School's Freedom Farmers

## Focus Areas of the Healthiest Next Generation Initiative

The focus areas of the Healthiest Next Generation Initiative are not necessarily new. In fact, the heart of the Healthiest Next Generation Initiative is to elevate changes that are already under way in some early learning settings, schools and communities to reach across Washington—to promote breastfeeding and help children eat well and enjoy active lives. Yet these changes are occurring only in pockets, often as a result of a grant or a local champion, and disparities persist.

### FOCUS AREAS

<p><b>Early Learning</b> Licensed child care centers, family home care programs, school-age child care centers</p>	<ul style="list-style-type: none"> <li>▪ Breastfed or fed breastmilk safely pumped and stored by their mother</li> <li>▪ Active every day</li> <li>▪ Playing in safe places</li> <li>▪ Spending less time in front of screens</li> <li>▪ Eating nutritious snacks and meals</li> <li>▪ Drinking clean water instead of sugar-sweetened drinks</li> </ul>
<p><b>Schools</b> Public and private K-12</p>	<ul style="list-style-type: none"> <li>▪ Active every day</li> <li>▪ Playing in safe places</li> <li>▪ Eating nutritious meals</li> <li>▪ Drinking clean water instead of sugar-sweetened drinks</li> </ul>
<p><b>Communities</b> Healthcare, local government, neighborhoods, parks, retailers, worksites</p>	<ul style="list-style-type: none"> <li>▪ It is easy to find affordable, healthy food</li> <li>▪ There are safe places to play and be active</li> <li>▪ Hospitals follow the Ten Steps to Successful Breastfeeding</li> <li>▪ Employers provide a safe place to pump and store breastmilk</li> <li>▪ Healthcare providers encourage breastfeeding</li> </ul>

## Infrastructure for Collaboration

While the focus areas of the Healthiest Next Generation are not new, what is new about the Initiative is the potential for state resources to make statewide changes that impact all communities in Washington, and the collaborative leadership of three state agencies and the Governor's Office to improve the health of Washington's children. One-time funding from Engrossed Substitute Senate Bill 6002 in July 2014 (hereafter referred to as the proviso, included in Appendix B) established a formal collaboration between the departments of Health (DOH) and Early Learning (DEL) and Office of Superintendent of Public Instruction (OSPI) as a Cross Agency Team to implement the activities within the proviso. In addition, all three agencies have invested significant in-kind resources of leadership and communication staff to launch the initiative and help it become successful.

Many partners are enthusiastic about the opportunities provided by the Healthiest Next Generation Initiative. To capitalize on that energy, we created an infrastructure for collaboration.

### Cross Agency Team

DOH, DEL and OSPI formed a Cross Agency Team with one staff member each dedicated to the initiative. Proviso funding for these three positions was one-time from July 1, 2014 through June 30, 2015. Prior to this funding, no state funding existed for improving healthy weight in children. Some members of the Cross Agency Team began meeting in late July. Team members for all three agencies were in place by November 1, 2014. DOH is the lead agency for the team and convenes meetings.

From July through September 2014, the Cross Agency Team engaged in a statewide appreciative inquiry process to identify recommendations for consideration by the Community Health Advisory Committee and the Governor's Council for the Healthiest Next Generation. An appreciative inquiry process is one that is built on looking at successes as opposed to problems. The focus after this process was on implementation of proviso activities, collaboration with partners and stakeholders, communication about the initiative and other strategies to improve children's health (see Leveraging the Proviso, [page 7](#)).



In the 2015–2017 budget, the legislature invested \$246,000 to support a staff position at DOH for the Healthiest Next Generation Initiative. Concerned about the lack of funding allotted for staffing at DEL and OSPI, the three agencies developed a plan to leverage resources to extend the positions at DEL and OSPI through June 30, 2016 with the hope of additional ongoing funding in the supplemental budget. The Cross Agency Team will continue to work to fulfill recommendations from the Governor’s Council and implement other initiative activities.

## Community Health Advisory Committee

The Community Health Advisory Committee meets quarterly and members include community and business leaders, administrators of local health agencies and state agency representatives. The committee envisions a Washington State where all residents live longer and healthier lives because they live in healthy communities. In addition to the Healthiest Next Generation Initiative, the committee also advises DOH on the implementation of three federal grants funding chronic disease prevention, healthy literacy, maternal and child health and sexual assault prevention. DOH convenes the committee.

## Governor’s Council for the Healthiest Next Generation

Governor Inslee convened a Governor’s Council for the Healthiest Next Generation for the first time on September 18, 2014. This group of business and community leaders, representatives of the healthcare community, legislators, state agencies, tribal governments and local public health discussed their top priorities for improving healthy weight in children. A prioritization process at this meeting led the Governor to propose a budget investment of over \$63 million to support healthy eating and physical activity in early learning settings, schools and communities. While this proposed investment was not fully realized, a number of the recommendations received funding ([see Appendix D](#)).

The Council met for the second time on July 23, 2015 to review progress and achievements toward the initial recommendations for how to create the healthiest next generation. The Council also considered a revised set of recommendations which had been prioritized by the Community Health Advisory Committee and noted those they would be willing to leverage or support. This revised set is found on [page 2 \(A Call to Action\)](#).



A clear outcome from this meeting was the desire to use the Healthiest Next Generation frame to talk about more health issues addressed in early learning settings, schools and communities such as immunizations, tobacco and marijuana prevention and mental/emotional health. Expanding the initiative in this way allows for enhanced collaboration between partners and a broader discussion about all health issues impacting children in Washington State. The group intends to meet again in 2016.

## **Governor's Interagency Council on Health Disparities**

The Governor's Interagency Council on Health Disparities advises the Governor, Legislature and state agencies on actions to eliminate health disparities, primarily by race/ethnicity and gender. Inequities in healthy weight among children is one of the Council's current priorities.

To align efforts and avoid duplication, the Council is partnering on the Healthiest Next Generation Initiative. Last Fall, the Council convened a special Equity Review Group to provide input at two points in the process: the review of success stories received and an initial review of the proposed recommendations. The group identified gaps and recommended successes to elevate, with a focus on promoting equity. Then in Spring 2015, the Council was invited to develop guidance that state agencies, the Governor's Office, and the legislature could use to promote equity in state government policy and program decisions. The Council enthusiastically welcomed this opportunity. An overview of the guidance is provided on [page 34](#) and the complete documents are included in the appendix.

To learn more about their work, see the Council's [June 2015 Update: State Action Plan to Eliminate Health Disparities](#).

Many partners are enthusiastic about the opportunities provided by the Healthiest Next Generation Initiative. To capitalize on that energy, we created an infrastructure for collaboration.

### Governor's Council for the Healthiest Next Generation (HNG)

**Purpose:** High-level policy group, sets strategic direction and state policy agenda.

**Chairs:** Governor Jay Inslee and First Lady Trudi Inslee

**Executive Staff:** Jason McGill, Health Policy Advisor, Governor's Office and Dennis Worsham, Deputy Secretary for Public Health Operations, Department of Health

**Membership:** Community, business and state agency leaders

**Convenes:** 1-2 times a year

### Community Health Advisory Committee

**Purpose:** Advise on federal community funding administered by Department of Health. Advise on HNG recommendations.

**Chair:** Dennis Worsham, Deputy Secretary for Public Health Operations, Department of Health

**Membership:** Community organizations, state and local public health managers

**Convenes:** Quarterly

### Cross Agency Team

**Purpose:** Carry out HNG proviso, recommendations and other initiative activities.

**Membership:** HNG coordinators at departments of Health and Early Learning and Office of Superintendent of Public Instruction

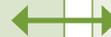
**Convenes:** Monthly

### Governor's Interagency Council on Health Disparities

**Purpose:** Serves as an advisor and partner on initiative activities.

### Sector-Specific Stakeholders and Partners

**Purpose:** Give input to Cross Agency Team. Each agency is responsible for identifying, communicating and consulting with appropriate groups.



## The Challenge

The health of Washington's children today is directly tied to the health of our entire state.

While there is an opportunity, we must also address the problem we are trying to solve. The health of Washington's children today is directly tied to the health of our entire state.

### Recent Data on Children's Health in Washington

▪ **Healthy Weight.** According to the Centers for Disease Control and Prevention (CDC), children who are overweight or obese as preschoolers are five times as likely as healthy-weight children to be overweight or obese as adults.<sup>16</sup> Obesity-related medical problems in adults increase medical costs. The estimated annual medical cost for adult obesity in Washington is \$2.98 billion.<sup>17</sup> Obesity in adults also results in missed work days and lower productivity.

- In Washington, about 28 percent of children aged 2–4 served by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in 2012 were overweight or obese. The WIC Nutrition Program serves half of all infants born in Washington.
- In addition, 75 percent of 10th graders are at a healthy weight.<sup>18</sup> Among students in grade 10, American Indians, Blacks, Hispanics and Pacific Islanders were significantly less likely than Non-Hispanic Whites to be at a healthy weight.<sup>19</sup>

#### Nutrition

- Rates of obesity and overweight are linked in part to a student's diet. In 2014, 78 percent of 10th graders ate less than five servings of fruits and vegetables a day.<sup>20</sup>
- Progress, however, can be seen in the reduced daily consumption of sugar-sweetened beverages at school. In 2014, 4 percent of 10th graders drank a sugar sweetened beverage at school compared to 13 percent in 2012.<sup>21</sup>

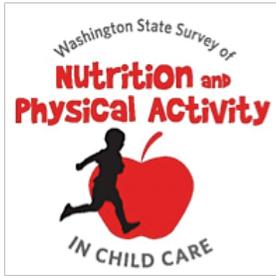
#### Physical Activity

- Rates of obesity and overweight are also linked in part to a student's physical activity. In 2014, 76 percent of 10th graders in our state did not meet the recommendations for 60 minutes of physical activity 7 days a week.<sup>22</sup> That same year, 74 percent of 10th graders in our state did not participate in daily physical education.<sup>23</sup>

- In addition, 58 percent of 10th spent at least three or more hours a day in recreational screen time (watching TV, playing video games or using a computer for fun).<sup>24</sup>
- **Immunizations.** In 2014, the National Immunization Survey reported that 67.4 percent of Washington children ages 19–35 months completed a recommended series of immunizations, below the state and Healthy People 2020 goal of 80 percent.<sup>25</sup>
- **Marijuana.** In 2014, about 18 percent of 10th graders reported smoking marijuana in the last 30 days.<sup>26</sup>
- **Mental Health.** An estimated 10.6 percent of Washington youth have had at least one depressive episode and nearly half of children in need of mental healthcare in 2011–2012 did not receive it.<sup>27</sup>
- **Suicide.** Suicide is the second leading cause of death in Washington for youth aged 10–24.<sup>28</sup> In 2014, 16 percent of 8th graders and 20 percent of 10th graders considered attempting suicide.<sup>28a</sup> Suicide risk is greater among certain groups of youth such as Native Americans, whites, males, and gay, lesbian, bisexual, transgender and questioning youth.<sup>29</sup>
- **Tobacco.** In 2014, about 8 percent of 10th graders reported smoking tobacco in the last 30 days.<sup>30</sup> In addition, about 14 percent of American Indian/Alaska Native 10th graders reported smoking in the last 30 days.<sup>31</sup>



Community School of West Seattle



## Early Learning Settings: Results of State Survey

More than 128,000 children are enrolled in licensed child care in the state and nearly 70 percent attend full-time (25 hours or more per week).<sup>32</sup> The state licenses three types of programs for child care: family home child care (FHCC), child care centers (centers) and school-age child care centers.<sup>33</sup> Although there are about three times as many FHCC programs as centers, the majority of children are cared for in centers. Washington State requires licensed child care programs to follow rules and regulations described in the Washington Administrative Code (WAC). The WAC's for licensed child care address a variety of physical, environmental, and administrative rules.

The gold standard in best practices for health and safety in early care and education programs is provided by *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, a collaboration of the American Academy of Pediatrics, the American Public Health Association and the National Resource Center for Health and Safety in Child Care and Early Education.<sup>34</sup> Based on these best practice standards, the Washington State Department of Health (DOH) and Public Health–Seattle & King County jointly funded the University of Washington Center for Public Health Nutrition (CPHN) to conduct the [first statewide survey](#) of licensed child care providers to learn more about their nutrition and physical activity practices and program environments.

CPHN invited all licensed child care programs for children 2–5 years of age to participate in the survey. Two self-administered tools were created: one for child care center directors and one for FHCC owners/providers. The survey tools were available in two formats: online or paper.

An overall total of 36 percent of programs completed the survey, representing 46 percent of centers and 32 percent of FHCC programs (footnote report).<sup>35</sup> Programs participating in the survey have the capacity to care for nearly 60,000 children.<sup>36</sup> The survey included questions about nutrition and physical activity practices, beliefs and attitudes, challenges, communication with families, food procurement and training needs. With a few exceptions, all the survey questions were based on national, evidenced-based standards contained within *Caring for our Children* to promote healthy weight in children in child care settings. A list of best practice standards for nutrition and physical activity/screen time follows on [page 29](#). Highlights from the survey follow based on the national best practice (percentages reflect centers and FHCCs individually). Areas doing well are those with 50 percent or above participation.



Community School of West Seattle

## Nutrition Highlights from Washington State Survey of Nutrition and Physical Activity in Child Care

Areas we considered to be doing well are noted in **green**. Areas below 50 percent are considered needing improvement and are noted in red.

<b>Fruits and Vegetables</b>	<b>Centers</b>	<b>FHCCs</b>
Non-starchy vegetables served twice a day, and once a day for half-day programs	25%	40%
“Powerhouse vegetables”—dark green, orange, red or deep yellow vegetables—are served at least once per day	18%	32%
Vegetables at snack time served at least five times a week	10%	14%
<b>Grains</b>		
Sugary cereal is never served	71%	50%
<b>Fried Foods and Processed Meats</b>		
Processed meats (hot dogs, sausage bacon) are never served	32%	18%
Fried and breaded meat (chicken nuggets, fish sticks, chicken strips) are never served	39%	14%
<b>Beverages</b>		
Sugary drinks (juice drinks, flavored waters, sweet teas, sports drinks, soda) are never served	90%	79%
Flavored milk is never served	85%	72%
Low-fat (1%) or fat-free (non-fat) milk is served to children aged 2 years and older	57%	63%
Drinking water is indoors and outdoors where it is visible and available for self-serve	54%	48%
<b>Healthy Eating Environment</b>		
Meals and snacks are served family-style	40%	6%

## Physical Activity/Screen Time Highlights from Washington State Survey of Nutrition and Physical Activity in Child Care

Areas we considered to be doing well are noted in **green**. Areas below 50 percent are considered needing improvement and are noted in red.

Outdoor Play	Centers	FHCCs
Children go outside even when the weather is rainy, cold, snowy or hot (with proper protection from the weather)	63%	56%
Children aged 2-5 play outside for 90 minutes or more each day	22%	22%
Physical Activity		
Two-year-olds get 90 minutes of physical activity each day	26%	35%
Preschoolers (3-5 year olds) get 120 minutes of physical activity each day	12%	19%
Preschoolers get adult-led physical activity for at least 60 minutes each day (over the course of a full-day)	8%	20%
Active Environment		
Staff incorporates physical activity into learning activities and transitions every time they see an opportunity	32%	35%
Screen Time		
Screen time is limited to one hour a week or never offered	88%	35%
If screen time is provided, it is rarely or never used to encourage desired behavior	86%	71%
If TV or videos are shown, they are always free from commercials and advertising	85%	35%

## Identified Challenges

In addition to surveying their nutrition and physical activity practices, providers were invited to also identify challenges for promoting healthier eating and increased physical activity. Respondents were allowed to select up to four challenges from a list of factors, or they could indicate “None.” A selection of responses follows:

### NUTRITION

- 43 percent of centers and 57 percent of FHCCs said there were no major challenges to promoting healthier eating.
- Among those programs that identified a challenge, the highest rate of response among centers, at 32 percent, was food costs, while 20 percent of FHCCs identified both food costs and children won't eat healthy food as reasons for not promoting healthier eating.

### PHYSICAL ACTIVITY AND SCREEN TIME

- 41 percent of centers and 57 percent of FHCCs said there were no major challenges to providing more physical activity.
- Among those programs that identified a challenge, the highest rate of response among centers, at 29 percent, was not having an outdoor covered space followed closely by 25 percent of programs responding that they did not have enough indoor play space. The most often selected response among FHCCs, at 18 percent was not having outdoor covered space followed by 16 percent identifying that the weather is too hot, cold or wet to go outside.

Complete results of the survey are available here:

<http://depts.washington.edu/uwcphn/work/ece/waccsurvey.shtml>

The results of the survey show that, in some areas, centers and FHCCs are doing well and that there is a need for improvement in other areas. When reflecting on their own challenges to improve the nutritional value of foods being served, they often cited food costs as a barrier and when reflecting on barriers to increasing physical activity they cited the limitations of their facilities, both for indoor and outdoor activity. These identified limitations do not necessarily point to the need for more training, but rather for new ways to lower food costs, such as cooperative buying and financial support to improve and enhance facilities. Child care programs provide a critical service in our economy at a crucial



moment in a child's development and making improvements to help children live active, healthier lives is within our reach with additional strategic investments.

## Best Practice Standards for Early Care and Education

### NUTRITION <sup>37</sup>

- Drinking water is visible and available inside and outside for self-service.
- 100 percent fruit juice is served no more than twice a week in 4-6 ounce portions or never served.
- Sugary drinks such as fruit drinks, soda, sports drinks and sweetened tea are never served.
- Children 2 years and older are served only 1 percent or non-fat milk.
- Fruits and vegetables are served at every meal.
- French fries, Tater Tots®, potato chips or other pre-fried potatoes are served no more than once per month or never.
- Chicken nuggets, fish sticks, and other fried or pre-fried frozen and breaded meats or fish are served no more than once per month or never.
- A whole grain product is served at least once per day.
- Cereals contain six grams or less of sugar per serving.
- Sweet grains/baked goods (such as cookies, cakes, Danishes and doughnuts) are served no more than once every 2 weeks.
- Adults sit with and eat the same foods as children at meal and snack time.
- All meals and snacks are served family-style and children are encouraged to serve themselves with limited help (as developmentally appropriate).
- Fruits and/or vegetables are served at one snack per day or more.
- Food or beverages are never withheld from children as a form of punishment.
- Food is never used as a reward.

## **INFANT FEEDING** <sup>38</sup>

- Programs have a written “Infant Feeding Policy” reviewed by a registered dietitian.
- Infants are fed on cue and staff receives training on infant feeding cues.
- Programs encourage, support and accommodate breastfeeding mothers and infants.
- Age-appropriate solid foods are introduced to infants at six months of age.
- Infants are not fed juice.
- Infants, under six months of age, are not given water, unless directed by a healthcare provider.

## **PHYSICAL ACTIVITY AND SCREEN TIME** <sup>39</sup>

- Children in full day care are provided outdoor play for 60–90 minutes per day.
- Infants have outside time two to three times per day.
- Toddlers are provided 60–90 minutes of active play daily.
- Preschoolers are provided 90–120 minutes of active play daily.
- Children in part-time programs are allowed at least 20 minutes of active play per every three hours of care.
- Infants have supervised “tummy time” when they are awake.
- Activity is never withheld from children as a form of punishment.
- No screen time for children under two years of age.
- Children over two years of age should have no more than 30 minutes per week of total media time.
- Computer use is limited to no more than 15 minute increments except for school age children completing homework.
- Media and computer time for children is used only for educational purposes.

## Schools: In the Context of National Guidance

Washington's public education system reaches approximately 1.1 million students through grades K-12 across 295 school districts. Physical activity in school can be obtained through recess, when it is offered, as part of before and after-school programs and as part of a physical education class. In schools where meals are served, the minimum nutrition standards are set by the school's participation in the National School Lunch Program (NSLP) or the School Breakfast Program (SBP). The average daily participation in the NSLP is 487,430 students and the average daily participation in the SBP is 177,535 students.<sup>40</sup>

### NUTRITION

As a result of the Healthy, Hunger-Free Kids Act of 2010, there have been several key changes to the NSLP and SBP. Regulatory changes include updated nutrition standards for school meals. The cornerstone of the new standards is new meal patterns, which include more servings of fruit and whole grains, a wider variety of vegetables and low-fat milk. The act also provides guidelines for foods served outside the NSLP and SBP, now commonly referred to as competitive foods. If a state has its own guidelines that are more nutritious than the federal guidelines, the state's guidelines take precedence.

**Washington:** The state provides no guidance for school nutrition standards or access to water outside the Healthy, Hunger-Free Kids Act. If guidance exists, it is present on a district-by-district basis. Washington ranks 43rd for participation rates in the SBP, with 44 percent of students qualifying for free and reduced-price meals, for the last year in which numbers are available. If the state's participation rate for free and reduced-price students increased to 70 percent, the state would receive an additional \$23.8 million dollars.<sup>41</sup>

## PHYSICAL ACTIVITY/PHYSICAL EDUCATION (PE)

The overarching guidance for physical activity among children and adolescents is to participate in 60 minutes of physical activity every day of the week, preferably daily. According to the CDC, there is substantial evidence that physical activity can help improve academic achievement, including grades and standardized test scores.<sup>42</sup> See the chart on the next page for an overview.



*Ilako Elementary's PE Everyday Class*

## Physical Education in Washington State

Grade Level	National Guidance for Physical Education (PE) <sup>43</sup>	Washington State Guidance for Physical Education (PE) <sup>44</sup>
K-5	<ul style="list-style-type: none"> <li>▪ Participate in physical education for all years of enrollment in elementary school. Physical Education shall be provided five days/week, or the equivalent of 150 minutes/week (30 minutes per day), for the entire school year.</li> <li>▪ At least 50 percent of physical education class time should be spent in moderate to vigorous physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Students in grades 1-8 are required to participate in an average of at least 100 instructional minutes per week per year in physical education.</li> </ul>
6-8	<ul style="list-style-type: none"> <li>▪ Participate in physical education for all years of enrollment in middle school. Physical Education shall be provided five days/week, or the equivalent of 225 minutes/week (45 minutes per day), for the entire school year.</li> <li>▪ At least 50 percent of physical education class time should be spent in moderate to vigorous physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Students in grades 1-8 are required to participate in an average of at least 100 instructional minutes per week per year in physical education</li> </ul>
9-12	<ul style="list-style-type: none"> <li>▪ Participate in physical education for all years of enrollment in high school.</li> <li>▪ PE shall be provided five days/ week, or the equivalent of 225 minutes/ week (45 minutes per day), for the entire school year.</li> <li>▪ At least 50 percent of physical education class time should be spent in moderate to vigorous physical activity. Physical education shall be exclusive of health education and shall be available for all four years of high school, and there shall be no maximum placed on the number of physical education hours that a student can participate in.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Students are required to participate in two health and fitness credits (.5 credits health; 1.5 credits fitness) for high school graduation.</li> <li>▪ Students may be excused from the fitness requirement under <a href="#">RCW 28A.230.050</a>. Such excused students are required to demonstrate proficiency/competency in the knowledge portion of the fitness requirement.</li> <li>▪ Schools must offer a one credit course or its equivalent in physical education for each grade level in high school.</li> </ul>

## How to Create the Healthiest Next Generation

Recognizing that Washington’s future depends on our children’s health, Governor Inslee launched the Healthiest Next Generation Initiative in September 2014 to join with families, community leaders and businesses across the state to make our next generation the healthiest one ever.

Creating the healthiest next generation includes:

- Collaborating with business and community leaders, representatives of the healthcare community, legislators, local, state and tribal governments under a common vision to improve children’s health.
- Implementing recommendations for statewide action based on community successes. A list of the recommendations from the July 2015 meeting of the Governor’s Council for the Healthiest Next Generation are featured on [page 3](#).
- Improving health in all environments where children spend time outside of the home, particularly early learning settings, schools and communities.
- Making changes in state agencies to reduce barriers at the community and organizational level for improving children’s health.
- Reducing child-related health disparities.

### Reducing Child-related Health Disparities

Recognizing that inequities exist and trying to ensure that any recommendations, if prioritized, could reach communities most in need, the Governor’s Interagency Council on Health Disparities was invited to develop guidance that state agencies, the Governor’s Office and the legislature could use to promote equity in state government policy and program decisions. For the purpose of this guidance, equity means “all people have full and equal access to opportunities that enable them to attain their full potential.”<sup>45</sup> Inequities are differences that are “not only unnecessary and avoidable but are considered unfair and unjust.”<sup>46</sup> Disparities refer to significant differences in social or health outcomes among different groups.



In order to develop the guidance, Council staff interviewed or received written comments from [22 experts](#) across the state that conduct equity-promoting work. Staff contacted individuals who work closely with the community and/or do social justice work and then asked these stakeholders to connect them with other experts. Stakeholders shared resources and provided insights in the early stages of this project and also reviewed and provided feedback on drafts of the document. In addition, staff reviewed policy and other document language that has been used in Washington and across the country, current local equity initiatives and frameworks, and publications on social justice. A draft of the equity guidance was posted on the Council's website and the public was invited to provide feedback. The Council adopted the guidance at its public meeting on May 13, 2015 which was held at the South Seattle Community College Georgetown Campus.

This document includes suggested language that can be tailored to and inserted into state policies, plans, programs, budgets, rules, grants, contracts, and solicitation documents (such as Request for Proposals [RFP], Request for Quotations [RFQ], Request for Qualifications and Quotations [RFQQ]) to promote equitable opportunities for health and well-being. While language plays an important role in promoting equity, achieving equity in state government will require a comprehensive approach that uses frameworks and tools to analyze equity impacts.

The sample policy language can be categorized into four distinct sections:

- Language for interventions and/or funding for populations impacted by inequity
- Language requiring engagement and consultation with representatives from diverse populations in decision-making processes
- Language requiring collection, analysis, and/or reporting of disaggregated data
- Inclusive language for policies and programs that can be used to strive for the greatest inclusion possible

All sample language is included in [Appendix J](#).



Recognizing that every policy is different and boiler-plate language will not be enough to address equity in all situations and institutions, stakeholders also identified the following important considerations to address equity in Washington State:

- Collect, analyze and use accurate disaggregated data by subracial/ subethnic categories to direct state resources and programs
- Promote diversity in state government hiring, contracting, recruitment, retention and promotion.
- Provide cultural humility<sup>47</sup>/awareness/competency training or diversity training for government employees and other public workers or occupations licensed through the state.
- Ensure that policies and practices promote full civic participation from populations who are facing inequities and eliminate barriers to participation
- Evaluate the potential equity impacts of proposed legislation, policies and programs before implementation.
- Ensure all state services and programs are culturally and linguistically appropriate for the diverse populations in Washington State.
- Address the structural, institutional and interpersonal “isms” (such as racism, sexism, ageism, sizeism, etc.) in state government.
- Explore and address the equity impacts of Washington’s regressive tax system.
- Foster a consistent and respectful acknowledgement of the sovereignty of the tribal governments.
- Prioritize meaningful community engagement and relationship building.
- Ensure accountability in the state system.

The complete document is included in [Appendix J](#).

## Tobacco and Substance Use Prevention in Youth

Part of the proviso for the Healthiest Next Generation Initiative (see [Appendix A](#)) called for an identification and description of programs for preventing and stopping tobacco and substance use in youth.

### **STRATEGIES FOR PREVENTION: TOBACCO, e-CIGARETTES AND VAPING DEVICES**

Tobacco use remains the leading cause of preventable death and disease in the state. Every day about 40 youth<sup>48</sup> begin smoking and almost all adults who smoke started smoking before they were 18 years old.<sup>49</sup> Youth who used tobacco were also more likely to use other substances. Of 10th graders who smoked cigarettes, 74 percent also reported smoking marijuana and 58 percent reported binge drinking.<sup>50</sup>

While the rate of youth smoking has decreased in the last 10 years, the use of e-cigarettes and vaping devices are rapidly increasing with 18 percent of 10th graders in Washington saying they used one of these products in the last 30 days.<sup>51</sup> Nationally, between 2011 and 2013, there was a three-fold increase in the number of middle and high school students who had never smoked regular cigarettes but used e-cigarettes.<sup>52</sup>

The Centers for Disease Control and Prevention recommends that the state spend \$44 million to \$63 million per year on a comprehensive tobacco prevention program that includes strategies to achieve equity and eliminate tobacco-related disparities.<sup>53</sup> From 2000–2009, Washington invested \$260 million in youth tobacco prevention. During this time, we saw significant reduction in tobacco use, including:

- A 50 percent reduction in youth smoking, resulting in 96,000 fewer youth smoking.<sup>54</sup>
- A 25 percent reduction in adult smoking, resulting in 416,000 fewer adults smoking.<sup>55</sup>
- The prevention of 36,000 hospitalizations at a value of \$1.5 billion.<sup>56</sup>

The Department of Health is allocated \$600,000 per year from licenses and fees for youth tobacco prevention. Funding is used for prevention strategies such as retailer compliance checks and education and contracts with local health and community based organizations to



educate communities on the importance of tobacco-free places where children gather.

There are several strategies that have proven effective in preventing youth tobacco use, many of which are similar to those for improving children's health in other areas. Strategies include:

- State laws.
- School policies.
- Regulations to limit advertising.
- Increased taxes to discourage purchasing.
- Mass media campaigns.
- Role modeling ranging from celebrities to school staff and family members.

Some evidence-based strategies that have been found to prevent tobacco use among youth include a mass media campaign with messaging that is tested among specific target audiences and includes tailored media buys, smoke-free laws and higher prices for products.<sup>57</sup> Recently, strong evidence emerged that raising the purchase age from 18 to 21 can be an effective way to reduce tobacco use among youth and young adults.<sup>58</sup>

Washington has many laws and regulations in place that have helped reduce the youth smoking rates, including:

- Chapter 70.160 RCW prohibits smoking in most public places and workplaces, and requires that smoking occurs an adequate distance from entrances, exits, windows and air intakes to make sure smoke does not enter a protected space.
- TRCW 28A.210.310 requires posting signs prohibiting the use of tobacco products, consequences for students and school staff who violate the policy and a requirement that school district employees enforce the rules.
- Chapter 70.155 RCW prohibits the sale and distribution of tobacco products to minors.
- RCW 26.28.080 makes it illegal for anyone, including parents, to sell or give tobacco products to minors under the age of 18.

## STRATEGIES FOR PREVENTION: MARIJUANA

While the prevalence of marijuana smoking among 10th graders has not changed significantly in the past several years, there are some concerning trends. More than half of 10th graders reported it was easy to get marijuana and the number of students saying there is ‘no or low risk’ from regular use doubled from 2004 to 2014.<sup>59</sup> Historically, when the perception of harm goes down and ease of access goes up, the number of kids using goes up.<sup>60</sup>

With the passage of Initiative 502 and subsequent passage of HB 2136, recreational marijuana is now legal in Washington for purchase by adults 21 and over at stores licensed through the Liquor Control Board. Initiative 502 mandated three strategies for DOH around marijuana prevention.

- A public health hotline for treatment referrals. We are using the existing Washington Recovery Helpline.
- Grants for community organizations to reduce the use of marijuana among youth.
- Media-based public education separately targeting youth and adults.

The legislature allocated \$7.25 million each for fiscal year 2016 and fiscal year 2017 of marijuana tax money for a marijuana education public health program that folds in tobacco prevention work for high risk populations. DOH is mandated to use these funds for a marijuana use public health hotline, a community grants program to reduce marijuana use in youth and media-based education campaigns that target adults and youth separately.

## Detailed Update on Proviso Activities

In addition to establishing positions at the departments of Health (DOH) and Early Learning (DEL) and Office of Superintendent of Public Instruction (OSPI), the proviso also outlined a series of actions to be taken. An update on the status of those activities follows. All proviso activities were complete as of July 1, 2015.

Over 200  
successes  
received!

### PROGRAM IDENTIFICATION

**Expansion of programs across Washington that have demonstrated success in increasing physical activity, access to healthy food and drinking water.**

To identify appropriate programs for expansion, the Cross Agency Team engaged in an appreciative inquiry process by asking partners and community-based organizations across the state what programs or actions they found effective in improving healthy weight in children. An appreciative inquiry process is one that is built on looking at successes as opposed to problems.<sup>61</sup> Over 200 submissions were received.

Based on input from the [Equity Review Group](#), collected success stories, national recommendations, best practices and professional expertise, the team drafted a list of statewide recommendations to create the healthiest next generation. As previously described, these recommendations were refined by the Community Health Advisory Committee and prioritized for consideration by the Governor's Council for the Healthiest Next Generation. The recommendations as prioritized by the Governor's Council for the Healthiest Next Generation are found on [pages 3-5](#).

**Provide toolkits and mentoring for early learning and school professionals with strategies to encourage children to be active, eat healthy food and have access to drinking water.**

Over 75 existing resources posted!

## TOOLKITS

The Healthiest Next Generation Coordinators at DEL and OSPI identified toolkits specific to each of their constituencies.

- **DEL:** Identified toolkits, resources and trainings on the national best practice standards for healthy eating and physical activity for early learning professionals to create the Healthiest Next Generation Toolbox. Over 25 items are featured and all are recommended by DEL to contain accurate and credible information, including several free STARS<sup>62</sup> approved trainings created by the University of Washington Center for Public Health Nutrition. Once featured in the toolbox, the STARS approved trainings began receiving noticeably more use, see [page 9](#). The Toolbox is provided in [Appendix E](#).
- **OSPI:** Identified existing toolkits from across the country specific to nutrition, physical education, physical activity and school wellness policies to create the Healthiest Next Generation Toolbox for school professionals. Toolkits and resources are aligned to support professional learning and professional development (PD) opportunities for schools and school districts and are focused on strategies to encourage children to be active, eat healthy food and have access to drinking water. Approximately 100 toolkits were identified and half have been selected to be featured at PD events. The Toolbox is provided in [Appendix F](#).



Olympia High School's Freedom Farmers

School staff,  
teachers, child  
care licensors,  
child care health  
consultants

## MENTORING

The Healthiest Next Generation Coordinators at DEL and OSPI identified ways to start, expand and enhance mentoring opportunities with each of their constituencies.

**DEL:** Early learning professionals interface with a number of different professionals who can offer mentoring opportunities, including licensors, consultants and other child care providers.

### ▪ DEL Child Care Licensors

DEL child care licensors (licensors) from across the state were trained by the Healthiest Next Generation program manager and a Puget Sound Educational Service District senior nutrition coordinator during the spring of 2015 in order to increase and enhance their knowledge of the national best practice standards for healthy eating and physical activity in child care programs. Licensors have the following responsibilities for the agency: licensing child care programs, conducting on-site inspections, monitoring child care programs, investigating complaints, conducting group orientations and providing technical assistance towards quality child care.

Resources, toolkits, websites and materials were shared during the trainings. The licensors will use this information as they work onsite with child care providers to improve program practices. Four trainings took place in locations across the state.

### ▪ Child Care Health Consultants/Private Contractors

The Coalition for Safety and Health in Early Learning (CSHEL) is a statewide organization of health professionals working in early learning settings. The organization holds quarterly meetings and offers an opportunity for health consultants to network and increase their knowledge and skills. In the past local health jurisdictions (LHJs) received funding from both DOH (Healthy Child Care Washington) and from the Child Care Development Block Grant at DEL for child care health consulting. Those funding sources are no longer available and therefore many LHJ's no longer provide child care health consulting or consulting to Head Start and ECEAP Programs. Instead, many private health consultants are now providing services to early learning programs with or without the latest knowledge of the national best practice standards for healthy eating and physical activity. Therefore, an effort was taken to identify and contact these private health consultants and invite them to become members of CSHEL.

CSHEL also developed a needs assessment for these health consultants and is using the data to inform future work.

This effort is possible because of the availability of funds beginning in July 2014 which had not been spent prior to the start of the DEL Healthiest Next Generation coordinator in November 2014.

Beginning,  
expanding  
and enhancing  
opportunities

**OSPI:** Through OSPI, training and professional development opportunities exist for school staff, administrators and teachers. Over the course of this year, we have worked to enhance existing opportunities and initiate new ones focusing on nutrition, physical education, physical activity and school wellness policies. An overview follows:

▪ **School Staff**

Initiated collaboration between OSPI Student Support and OSPI Nutrition Services. Staff met quarterly to review and enhance efforts for healthy eating and active living in schools. Activities included:

- Supported school districts to review and revise nutrition and physical activity policies;
- Partnered with Washington Action for Healthy Kids (AFHKs) to promote school wellness policies; and
- Participated in AFHKs monthly meetings to share resources and updates with participating partners from around the state.
- Collaborated with AFHKs to co-design professional development and technical assistance for the Learning Connection Workshop Series. Series included:
  - **Smart Snacks in School:** 56 participants from 43 districts.
  - **Breakfast After the Bell:** 25 participants from 20 school districts.
  - **School Wellness Teams A to Z:** 20 participants from 11 school districts.

▪ **Teachers**

OSPI staff, in collaboration with the American Cancer Society, participated in *School Health Guidelines to Promote Healthy Eating and Physical Activity Training-of-Trainers* (August 2014). Training is designed to support student, family and community engagement on School Health Advisory Councils (SHACs) in order to develop, implement and evaluate school wellness policies related to nutrition

and physical activity. OSPI staff, in collaboration with the Society of Health and Physical Educators (SHAPE) Washington, then delivered training for teachers during two separate events:

- West's Best Conference, Seattle: 26 participating teachers from across the state.
- OSPI Student Support Conference, Wenatchee: 20 participating teachers from across the state.

OSPI staff also partnered with SHAPE Washington to provide 10 one-day Physical Activity Leader (PAL)<sup>63</sup> trainings to over 455 teachers and community partners throughout the state. The training provided participants with the formula and tools for making sustainable change to shifting the culture of physical education and physical activity in their schools and communities. The training focused on Comprehensive School Physical Activity Program (CSPAP)<sup>64</sup> and the Let's Move! Active Schools Program. After the training, participants have access to a collaborative online community of other PALs and can join in knowledge sharing, success stories and discussion boards.

- Two school districts included all their physical education (PE) teachers in the training: Seattle Public Schools (138 participants) and Federal Way Public Schools (68 participants)



*Ialko Elementary's PE Everyday Class*

OSPI staff provided professional development during the SHAPE Washington State Conference (October 2014) to 44 participants reaching 34 districts. Statewide training to schools and school districts was provided to assess strengths and gaps and determine readiness for schools to implement CSPAP and register as Let's Move! Active Schools.

Health & Fitness Cadre: OSPI staff provided professional development to the Health & Fitness Cadre which is comprised of 30 health and fitness educators from across the state. Cadre members champion student health as a strategy for improving academic performance. Also, members are available for local, regional and state trainings for other health and fitness educators to provide support on best practices for quality instruction, assessments, Common Core State Standard connections, standards-based grading and more. The Cadre is in its sixth year and each year its focus of learning changes. This school year, the focus is on CSPAP implementation, development and evaluation as well as revision of the state health and fitness learning standards. The cadre met October 16-17, 2014. Because of its impact and success in schools, the Health and Fitness Cadre has become a model program for other states across the nation.

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## EARLY CHILDHOOD EDUCATION AND ASSISTANCE PROGRAM

## ECEAP

**Enhance performance standards for the Early Childhood Education and Assistance Program to include best practices on healthy eating and physical activity, nutrition education activities in written curriculum plans and the incorporation of healthy eating, physical activity and screen time education into parent education.**

The Early Childhood Education and Assistance Program (ECEAP) is the state funded program that provides free services and support to eligible 3- and 4-year-olds and their families. Services include early learning preschool, family support and parental involvement, child health coordination (including medical and dental care) and nutrition. It complements the federally-funded Head Start program. ECEAP accepts families at or below 110 percent of the federal poverty level. The program prioritizes accepting children from families with the lowest incomes, or children who are homeless, in foster care or have multiple risk factors for the limited number of slots. In 2011-2012, there were 8,391 available slots.<sup>65</sup>

Enhancing  
physical activity  
and menus  
for over  
8,000 children.

The legislature has mandated the alignment of child care regulations, ECEAP performance standards and Early Achievers<sup>66</sup> program requirements within DEL. Therefore, it is not possible at this time to make changes to the ECEAP performance standards. Instead, staff proposed changes to the ECEAP contract between DEL and its contractors—including cities, community-based organizations, educational service districts and schools—to enhance existing provisions relating to nutrition, physical activity and screen time. The agreed upon enhancements, based on best practices were added into the contracts for the 2015-2016 school year.

The additional health and safety requirements for the ECEAP contractors are:

The Contractor must:

- Create a policy on the promotion of physical activity and removal of potential barriers to physical activity participation.
- Require a minimum of 30 minutes a day of outdoor play for full and extended day programs only, unless conditions pose a health and safety risk to children.
- Staff must support children's play and learning by promoting children's active play and participating in children's active games when appropriate.
- Have a planned curriculum that includes:
  - Specific nutrition education activities including teaching healthy foods and portion sizes.
  - Use of media only for educational purposes or physical activity and never during meals.

Additional inclusions for ECEAP Performance Standard D-15 (Meals and Snacks) when planning menus are:

- Limit the amount of highly processed foods which include saturated fats and high fat foods; fried and breaded meats; and fried potatoes.
- Serve foods low in salt which include limiting salty foods such as chips and pretzels.

- Limit grains high in sugar and fats including, but not limited to, muffins, cakes, Pop Tarts®, French toast sticks, etc.
- Avoid sugar including, but not limited to, sweets such as candy, sodas, sweetened drinks, fruit nectars and flavored milk.
- Serve whole grain breads, cereals and pastas at least once a day.
- Serve a variety of vegetables and whole fruit, rather than juice with no added sugars.
- When serving juice, ensure it is 100 percent juice and only served at meal times.
- Ensure drinking water is available for self service, indoors and outdoors.

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## QUALITY HEALTH AND FITNESS STANDARDS

### **Revise statewide guidelines for schools for quality health and fitness education.**

Completed  
first revision  
since 2008.

This is the first revision of the guidelines since they were adopted in 2008. Health and fitness teaches our students that good health and safety principles can lead to a lifetime of healthy practices, resulting in more productive, active and successful lives. To support this aim, the [K-12 Washington State Health and Fitness Learning Standards](#) were developed by a team of health and fitness teachers from across Washington, with a subsequent review by national experts, to describe what students should know and be able to do from kindergarten through grade 12. These standards establish the concepts and skills necessary for safe and healthy living and, in turn, for successful learning. The 2008 K-12 Washington State Health and Fitness Learning Standards help guide our educators toward excellence in teaching and our students toward mastery in learning and skill development.

In 2014, a revision was warranted as a result of the proviso and in light of the release of the following national standards documents:

- 2008 National Health Education Standards<sup>67</sup>
- 2012 National Sexuality Standards<sup>68</sup>
- 2014 National Physical Education Standards<sup>69</sup>
- Common Core State Standards in English language arts and mathematics<sup>70</sup>

The revised standards will be known as the K-12 Washington State Health and Physical Education Learning Standards.

This revision process is also in response to continuous improvement of our state standards, ensuring the use of challenging academic content standards as we continue to implement the assessments required in health and physical education.

### **Overview of Revision Process**

In October 2014, OSPI convened a team of 13 health and fitness educators with expertise in a number of areas, including early childhood education, K-12 physical education and K-12 health education to develop recommendations for the revision of the state's 2008 Washington K-12 Health and Fitness Learning Standards. Members of the team were from elementary, middle and high schools and a member of the National Physical Education Standards Committee was also included. The team became known as the Health and Fitness Standards Revision Team.

OSPI convened monthly meetings through June 2015 and used the National Standard sets, other states' standards, Common Core State Standards and the Next Generation Science Standards to inform revision. To learn more, see [Appendix G](#).

In March 2015, OSPI provided an overview to the Curriculum Advisory and Review Committee (CARC) of the current K-12 Washington State Health and Fitness Learning Standards. The CARC is comprised of superintendents, assistant superintendents, principals and curriculum directors who provide guidance on processes. After review and discussion, OSPI received support from the CARC to proceed with a K-12 Washington State Health and Physical Education Learning Standards revision. A new webpage was launched in May 2015 detailing the revision process, [Health and Physical Education K-12 Learning Standards Revision Process](#).

Upon completing drafts of both the Health and Physical Education Standards, each were reviewed by an internal task force, submitted for a Bias & Sensitivity Review and posted for public comment. The revised standards will be shared with districts through the OSPI Health and Physical Education webpage. OSPI will develop a communication plan to assist school districts on the transition/implementation process of the new health and physical education standards. Throughout this transition period, OSPI health and physical education content specialists will provide information and support to the field.

## ESTABLISH PERFORMANCE METRICS

The Department of Health collects data in a number of areas that relate to children’s health. We have also made an alignment with [Results Washington](#), Governor Inslee’s performance management system for state agencies. Current data reflects where we are now and the arrow denotes whether we are trying to increase or decrease the specific measure in order to create an improvement in children’s health.

See the table on the next page.



Community School of West Seattle

## Healthiest Next Generation Performance Metrics

Measures	Current Data	Direction Needed for Improvement
<b>Breastfeeding</b>		
Percentage of mothers who breastfed their baby for at least two months. <sup>71</sup>	81% for 2012	▲
Percentage of infants in the Women, Infants and Children (WIC) program who continue to breastfeed for at least 6 months. <sup>72</sup>	46%	▲
Number of birthing hospitals recognized for supporting breastfeeding at the bronze, silver or gold level through Breastfeeding Friendly Washington. <sup>73</sup>	TBD	▲
<b>Healthy Weight</b>		
Percentage of children ages 2-4 (receiving WIC services) with a healthy weight. <sup>74</sup>	73%	▲
Percentage of 10th graders with a healthy weight. <sup>75</sup>	71%	▲
<b>Nutrition</b>		
Percentage of 10th graders who did not eat breakfast yesterday. <sup>76</sup>	35%	▼
Percentage of 10th graders who didn't eat five fruits and vegetables a day. <sup>77</sup>	78%	▼
Percentage of 10th graders who ate chips or snack foods at school. <sup>78</sup>	55%	▼
Percentage of 10th graders who bought sweetened drinks at school. <sup>79</sup>	25%	▼
Percentage of 10th graders who drank sugar-sweetened beverages in past week. <sup>80</sup>	80%	▼
Number of Washington schools serving nutritious, Washington-grown foods. <sup>81</sup>	1,734 out of 2,368 total	▲
<b>Physical Activity</b>		
Percentage of 10th graders who did not meet physical activity recommendations (60 minutes of physical activity per day). <sup>82</sup>	76%	▼
Percentage of 10th graders who did not participate in daily PE classes. <sup>83</sup>	74%	▼
Percentage of 10th graders who had 3 or more hours of daily screen time. <sup>84</sup>	58%	▼
Participation in outdoor activities on state public recreation lands and waters. <sup>85</sup>	2,870,635 outdoor licenses and permits sold	▲
<b>Transportation</b>		
Number of pedestrian and bicycle fatalities on public roadways (per year). <sup>86</sup>	84	▼
Number of traffic-related fatalities on all roads (per year). <sup>87</sup>	436	▼
Transportation-related greenhouse gas emissions. <sup>88</sup>	42.4 million metric tons per year	▼

## Sustaining Our Success

The Healthiest Next Generation Initiative is a framework for organizational changes, budget investments and state policies that reduce health disparities, improve health equity and leverage what early learning settings, schools and communities are doing to improve children's health. It is recognition that health is our common ground; integral to learning, quality of life and productivity.

In short, the Healthiest Next Generation is Washington's promise to its children. **Let's get to work.**



Olympia High School's Freedom Farmers

## Endnotes

1. Pam Belluck, “Children’s Life Expectancy Being Cut Short by Obesity,” *The New York Times*, March 17, 2005, [http://www.nytimes.com/2005/03/17/health/17obese.html?\\_r=2&](http://www.nytimes.com/2005/03/17/health/17obese.html?_r=2&) accessed on October 30, 2014.
2. “Bending the Cost Curve in Washington,” Trust for America’s Health and Robert Wood Johnson Foundation, Washington, DC, September 2012, <http://healthyamericans.org/assets/files/TFAH2012FasInFatFnlRv.pdf> accessed on October 8, 2015.
- 2a. **Family, friend and neighbor** providers include grandparents, aunts and uncles, elders, older siblings, friends, neighbors and others who help families take care of their kids on an informal basis.
3. **Infant-toddler child care consultations** are delivered in licensed child care settings by trained consultants to help support the needs of infants and toddlers.
4. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education, “Caring for our children: National health and safety performance standards; Guidelines for early care and education programs. 3rd edition,” Elk Grove Village, IL: American Academy of Pediatrics; Washington, D.C.: American Public Health Association, 2011.
5. Early Achievers, Washington’s voluntary quality rating and improvement system, gives participating child care professionals free access to coaching, professional development and a tangible way to demonstrate their commitment to providing quality care and education for young children. **Early Achievers** rates the quality of child care and early education programs on a scale of 1 to 5. Higher ratings demonstrate a track record of delivering high-quality care. Providers can move up the rating scale by completing milestones and gaining points through an evaluation.
6. *Breakfast After the Bell* is any school breakfast program that provides students an opportunity to eat breakfast after the start of the instructional day.
7. The standards were previously known as the K-12 Washington State Health and Fitness Learning Standards.
8. *Safe Routes to School* programs work to improve safety and accessibility and reduce traffic and air pollution near schools. As a result, these programs help make bicycling and walking to school safer and more appealing transportation choices thus encouraging a healthy and active lifestyle from an early age.
9. Complete streets are for pedestrians, bicyclists, motorists and transit riders. They allow people of all ages and abilities the opportunity to move safely along a street. A complete street may include sidewalks, bike lanes, bus shelters, pedestrian signals, median islands and more.
10. Local collaboratives throughout the state work together to improve health outcomes through community-wide strategies increasing access to healthy food, physical activity opportunities and tobacco-free living.
11. An early care and education (ECE) learning community brings groups of early education professionals together to learn with and from each other and to use what they learn to make quality improvements in a focused area of their programs. This empowerment model is designed to support the growth of leadership and efficacy of ECE providers as they learn, change, grow and become champions for children’s health, development and learning. The learning community model brings together a large number of early care and education (ECE) programs to participate in a learning system to make quality improvements in a focused area making it an excellent opportunity to share information and demonstrate best practices Early Achievers (WA State QRIS) coaches and child care health consultants from the designated region will be trained to lead the Learning Communities.

## Endnotes continued

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# Appendices

## The Healthiest Next Generation Initiative Supporting Documents

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